Fill in this information to identify your case:	Entered 07/03/18 16	0:53:59 Desc Main
United States Bankruptcy Court for the:	Document Page 1 of 74	
District of Massachusetts		
Case number (If known):	Chapter you are filing under:  ✓ Chapter 7  Chapter 11  Chapter 12  Chapter 13	☐ Check if this is an amended filing

# Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself							
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):					
1.	Your full name							
	Write the name that is on your government-issued picture	Michael First name	First name					
	identification (for example, your driver's license or passport).	Ryan Middle name	Middle name					
	Bring your picture identification to	Martin						
	your meeting with the trustee.	Last name	Last name					
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)					
2.	All other names you have used in the last 8 years							
	Include your married or maiden names.	First name	First name					
		Middle name	Middle name					
		Last name	Last name					
		First name	First name					
		Middle name	Middle name					
		Last name	Last name					
3.	Only the last 4 digits of your Social Security number or	xxx-xx- <u>3</u> <u>5</u> <u>7</u> <u>1</u>	xxx-xx					
	federal Individual Taxpayer	OR	OR					
	Identification number (ITIN)	9xx-xx	9xx - xx					

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any busines Employer Ide Numbers (El in the last 8 y	entification N) you have used	☑I have not used any business names or EINs.	☐I have not used any business names or EINs.
Include trade i business as n	names and <i>doing</i> ames	Business name	Business name
		Business name	Business name
		EIN	EIN
5. Where you I	ive		If Debtor 2 lives at a different address:
		122 B St Number Street	Number Street
		<u>Dracut, MA 01826-2154</u> City State ZIP Code	City State ZIP Code
		Middlesex County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
	choosing <i>this</i> for bankruptcy	Check one:	Check one:
		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)
			·

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Par	t 2: Tell the Court About Yo	our Bankruptcy Case		
7.	The chapter of the Bankruptcy Code you are choosing to file under		n of each, see <i>Notice Required by 11 U.S.C.</i> of page 1 and check the appropriate box.	§ 342(b) for Individuals Filing for Bankruptcy
8.	How you will pay the fee	about how you may pay. Typica order. If your attorney is subm a pre-printed address.  I need to pay the fee in insta Your Filing Fee in Installment  I request that my fee be waive but is not required to, waive you that applies to your family size.	I file my petition. Please check with the clerk ally, if you are paying the fee yourself, you may itting your payment on your behalf, your attorned allments. If you choose this option, sign and at its (Official Form 103A).  I wed (You may request this option only if you are your fee, and may do so only if your income is less and you are unable to pay the fee in installment of the chapter 7 Filing Fee Waived (Official Form	pay with cash, cashier's check, or money ey may pay with a credit card or check with tach the <i>Application for Individuals to Pay</i> re filing for Chapter 7. By law, a judge may, ess than 150% of the official poverty line ents). If you choose this option, you must fill
9.	Have you filed for bankruptcy within the last 8 years?	✓ No.  □Yes. District  District  District	MM / DD / YYY When MM / DD / YYY	Case number  Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	✓ No.  ☐ Yes. Debtor  District  Debtor  District	WhenWhenWhenWhenWhenWhen	
11.	Do you rent your residence?	No. Go to line 12.	ned an eviction judgment against you? Statement About an Eviction Judgment Agains petition.	t You (Form 101A) and file it as part

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Par	t 3: Report About Any Busin	esses Y	ou Own as a Sole Pr	oprietor			
		✓ No.	Go to Part 4.				
12.	Are you a sole proprietor of any full- or part-time business?	_	Name and location of busi	ness			
	A sole proprietorship is a business						<u></u>
	you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	Nam					
	If you have more than one sole	Num	ber Street				<del></del>
	proprietorship, use a separate sheet and attach it to this petition.						
		City			State	ZIP Code	_
		Che	ck the appropriate box to d	lescribe your bu	siness:		
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))						
			Single Asset Real Estate (	as defined in 11	U.S.C. § 101(51B))	)	
	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))						
			Commodity Broker (as defi	ned in 11 U.S.C	. § 101(6))		
			None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).	deadline operation 11 U.S.O  11 U.S.O  No.  No.	s. If you indicate that you ar is, cash-flow statement, and . § 1116(1)(B).  I am not filing under Chap Bankruptcy Code.  I am filing under Chap Code.	e a small busined federal income hapter 11.  Ster 11, but I am ster 11 and I am	ess debtor, you must e tax return or if any o NOT a small busine a small business de	attach your most recent ba of these documents do not ess debtor according to the btor according to the defini	e exist, follow the procedure in e definition in the definition in the definition in the definition in the Bankruptcy
14.	Do you own or have any	☑ No.					
	property that poses or is alleged to pose a threat of	☐ Yes.	What is the hazard?				
	imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is	needed, why is	it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number	Street		
				City		State	ZIP Code

Part 5:

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Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:		

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. You must check one:

About Debtor 2 (Spouse Only in a Joint Case):

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Par	t 6: Answer These Questio	ns for	Reporting Purposes	;			
16.	What kind of debts do you have?	16b.	an individual primarily for No. Go to line 16b.  No. Go to line 16b.  Yes. Go to line 17.  Are your debts primarily business or investment or No. Go to line 16c.  Yes. Go to line 17.	a per <b>busi</b> i	sumer debts? Consumer debts are define resonal, family, or household purpose."  ness debts? Business debts are debts are debts are debts are debts or investigation of the business or investigation.	that y estme	ou incurred to obtain money for a ent.
17.	Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<b>□ ☑</b>		apter	apter 7. Go to line 18. r 7. Do you estimate that after any exemply and so will be available to distribute to unstitute to		
18.	How many creditors do you estimate that you owe?	<b>S</b>	1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000	_	25,001-50,000 50,000-100,000 More than 100,000
	How much do you estimate your assets to be worth?	□ <b>☑</b>	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
20.	How much do you estimate your liabilities to be?  t 7: Sign Below	<u> </u>	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
For	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.    I Michael Ryan Martin   Michael Ryan Martin   Michael Ryan Martin   Debtor 1						

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Tameka Grantham-O'Brien	Date <b>07/03/2018</b>
Tameka Grantham-O'Brien, Attorney	MM / DD / YYYY
ameka Grantham-O'Brien	
inted name	
Grantham-O'Brien Law Firm	
rm name	
Fletcher St # 2	
lumber Street	
Chelmsford	MA 01824-2708
ity	State ZIP Code
ontact phone (978) 341-5044	Email address tlgrantham@gmail.com
577832	MA
Bar number	State

Fill in this	s information to	o identify your case a	nd this filing		L 107/00/40 F :	03/	18 16:53:59	Des	sc Main
Dobtor	1	Michael	Dunn		Mortin	• • • •			
Debtor '	1	Michael First Name	Ryan Middle N	ame	Martin Last Name	<del></del>			
Debtor 2	2								
	e, if filing)	First Name	Middle N	ame	Last Name				
United S	States Bankrur	otcy Court for the:			District of Massachusetts				
		,							heck if this is an
Case nu	imbei _			_				aı	nended filing
Officia	al Form	106A/B							
Sche	edule A	VB: Prope	rty						12/15
					et only once. If an asset fits in n				
					ied people are filing together, b op of any additional pages, write				
space is ii	ecucu, allaci	i a separate srieet to	uns ioini. C	m une u	op of any additional pages, write	e your name an	iu case number (ii ki	iowiij.	Aliswei every question.
Part 1:	Describe	Each Residence	, Building	, Lanc	I, or Other Real Estate Yo	ou Own or Ha	ave an Interest I	n	
	ou own or na lo. Go to Part		able Interes	t in any	residence, building, land, or sin	milar property?			
	es. Where is t								
1.1	122 B St	no proporty.		What	s the property? Check all that ap	pply.	Do not doduct coo	urad ak	sima ar avamentions. Dut the
		s, if available, or other		_	gle-family home	,			aims or exemptions. Put the aims on <i>Schedule D:</i>
	description				plex or multi-unit building		•		ms Secured by Property.
				☐ Co	ndominium or cooperative		Current value of the	he	Current value of the
				_	nufactured or mobile home		entire property?		portion you own?
	Dracut, MA			La			\$326,76	<u> 57.00</u>	\$163,383.50
	City	State	ZIP Code	_	estment property neshare		Describe the natur	e of yo	ur ownership interest (such
	Middlesex						•	ncy by	the entireties, or a life
	County			_	as an interest in the property?	Chack and	estate), if known.		
					btor 1 only	Check one.	Homestead		_
				_	btor 2 only				
				_	btor 1 and Debtor 2 only		☐ Check if this is		unity property
				<b>√</b> At	east one of the debtors and anoth	her	(see instructions	s)	
				Sourc	e of Value:				
If you	own or have m	nore than one, list here	:						
1.2	Primary res	idence of debtor's p	arents.	What	s the property? Check all that ap	pply.	Do not doduct soc	urod ok	aims or exemptions. Put the
		t tenancy with Thon		<b>√</b> Sir	gle-family home				aims on <i>Schedule D:</i>
		<b>L. Chmiele</b> S. if available, or other	ewski		plex or multi-unit building				ms Secured by Property.
	description	s, ii avaliable, of other			ndominium or cooperative		Current value of the	he	Current value of the
	4011111			_	nufactured or mobile home		entire property?		portion you own?
	12 Upland S	St .		La			unkn	<u>nown</u>	unknown
	Dracut, MA	01826			estment property neshare		Describe the natur	e of yo	ur ownership interest (such
	City	State	ZIP Code	Ot			as fee simple, tena estate), if known.	ncy by	the entireties, or a life
				Who h	as an interest in the property?	Check one.	loint Tenants w/	riahte	of survivorship, not as
	County				btor 1 only		tenants in comm	_	or survivorship, not as
					btor 2 only		•		_
				_	btor 1 and Debtor 2 only east one of the debtors and anoth	her	Check if this is		unity property
				_			(see instructions	s)	
					information you wish to add ab	oout this item, s	uch as local		
					rty identification number: as & Janice Martin have a life	e estate, withou	ut the right to partit	ion.	
2. <b>Add</b>	the dollar val	ue of the portion vou	own for all		r entries from Part 1, including				
you h	nave attached							→	\$163,383.50
Official Fo	rm 106A/B				Schedule A/B: Pro	perty			page 1

Deb	tor 1	First Name	4124 <sub>Ryan</sub> D00 Middle Na	Dooumont Dogo 0 of 7/	03/18 16:53:59 Des Case number (if known)	<u>sc main</u>
		r not reamo	Wildalo Ha	Lact Name 5		
Day			· alaa			
Par	1 2	: Describe Your Veh	nicies			
_						
				est in any vehicles, whether they are registered or not cle, also report it on Schedule G: Executory Contracts a		
3.	Car:	s, vans, trucks, tractors, s	sport utility vehicle	es, motorcycles		
	<b>₫</b>					
	31	Make:	Subaru	Who has an interest in the property? Check one.		
	0.1	Water.		✓ Debtor 1 only	Do not deduct secured cla amount of any secured cla	ims or exemptions. Put the ims on Schedule D:
		Model:	Legacy	Debtor 2 only	Creditors Who Have Clair	
		Year:	2015	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Approximate mileage:	49000	At least one of the debtors and another	entire property? \$11,408.00	portion you own? \$11,408.00
		Other information:		☐ Check if this is community property (see	ψ11,400.00	ψ11, <del>100.00</del>
		VIN: 4s3bnal64f3012627		instructions)		
lf	you	own or have more than on	ne, list here:			
	3.2	Make:	Ford	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put the
		Model:	Ranger	☑ Debtor 1 only	amount of any secured class Creditors Who Have Class	
			1999	Debtor 2 only Debtor 1 and Debtor 2 only		
		Year:	175000	☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Approximate mileage:	175000		\$282.00	\$282.00
		Other information:		☐ Check if this is community property (see instructions)		
				ee.,		
4.				other recreational vehicles, other vehicles, and acces ercraft, fishing vessels, snowmobiles, motorcycle acces		
	_	No	· ·	, , , , , , , , , , , , , , , , , , , ,		
		Yes				
5.				or all of your entries from Part 2, including any entrie		444 000 00
	yοι	u have attached for Part 2	. Write that number	er here		<b>→</b> \$11,690.00
Par	rt 3	: Describe Your Per	sonal and Hou	sehold Items		
Do	you	u own or have any legal o	r equitable interes	t in any of the following items?		Current value of the portion you own?
						Do not deduct secured
						claims or exemptions.
		usehold goods and furnis	_			
	Exa —	mples: Major appliances	s, furniture, linens, o	china, kitchenware		
	7	No Yes. Describe	See Attached.			¢42 Eco 00
	Y	103. DESUIDE				\$12,560.00

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7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	No various electronics: stereo, VCR/DVD, iPod, cell phones, clocks.	\$1,855.00
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes. Describe	
9	Equipment for sports and hobbies	
0.	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	No golf clubs, ski equipment, board games, fishing, treadmill	\$725.00
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No   ✓ Yes. Describe    misc. male clothing	\$1,350.00
12.	Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No rings (4), watch 1)	
	Tes. Describe	\$600.00
13.		
	Examples: Dogs, cats, birds, horses  ✓ No	
	Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	□ No	
	Yes. Describe	\$250.00
4-	Add the dellawative of all of companying from Part O. Statistics and additional from the first of the statistics of the	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$17,340.00

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Par	Part 4: Describe Your Financial Assets									
Do	Do you own or have any legal or equitable interest in any of the following?									
16.	☐ No	Money you have in your wallet, in your home, in a s	safe deposit box, and on hand when you file your petition  Cash	\$20.00						
17.	Deposits of Examples:	Checking, savings, or other financial accounts; or similar institutions. If you have multiple accounts to	ertificates of deposit; shares in credit unions, brokerage houses, and other with the same institution, list each.							
			Institution name:							
		17.1. Checking account:	Jean D'Arc	\$5.00						
		17.2. Checking account:	Santander	unknown						
		17.3. Savings account:	Jean D'Arc	\$5.00						
		17.4. Savings account:								
		17.5. Certificates of deposit:								
		17.6. Other financial account:								
		17.7. Other financial account:								
		17.8. Other financial account:								
		17.9. Other financial account:								
18.		tual funds, or publicly traded stocks  Bond funds, investment accounts with brokerage f	irms, money market accounts							
19.	Non-public		d unincorporated businesses, including an interest in							
		ve specific ion about								

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	i iist ivaine	iviluale ivalle	-Last Name3							
20.	Government and corno	erate honds and other ne	egotiable and non-negotiable instruments							
20.	Negotiable instruments in	clude personal checks, ca	ashiers' checks, promissory notes, and money orders.  ransfer to someone by signing or delivering them.							
	No Yes. Give specific information about them	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
21.	Retirement or pension a	accounts								
	_	IRA, ERISA, Keogh, 401(	(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans							
	No Yes. List each accour separately.	nt								
		Type of account:	Institution name:							
		401(k) or similar plan:		unknown						
		Pension plan:	FIDELITY	\$33,042.73						
22.	Security deposits and pr	repayments								
	Your share of all unused of	Your share of all unused deposits you have made so that you may continue service or use from a company								
	Examples: Agreements wo	vith landlords, prepaid ren	nt, public utilities (electric, gas, water), telecommunications companies, or							
	<b>☑</b> No ☐ Yes									
23.	Annuities (A contract for	a periodic payment of mo	oney to you, either for life or for a number of years)							
	<b>☑</b> No									
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 5		a qualified ABLE program, or under a qualified state tuition program.							
	<b>☑</b> No									
25.	Trusts, equitable or futu benefit	re interests in property	(other than anything listed in line 1), and rights or powers exercisable for your							
	<b>☑</b> No									
	Yes. Give specific									
	information about the	m								
26.	Patents, copyrights, trac	demarks, trade secrets, a	and other intellectual property							
		nain names, websites, pro	oceeds from royalties and licensing agreements							
	<b>√</b> No			1						
	Yes. Give specific information about the	m								
27.	Licenses, franchises, ar	nd other general intangib	oles							
		mits, exclusive licenses,	cooperative association holdings, liquor licenses,							
	<b>☑</b> No			1						
	Yes. Give specific information about the	m								

Debtor 1		Case 18-41247 <sub>Ryan</sub> Do	sc Main			
			danie – - Castiname: -	. a.g. = 0		
28.		nds owed to you				
	✓ No ☐ Yes.	Give specific information about them, including whether you already filed the returns and the tax years			Federal: State:	
		tax youro			Local:	
29.	Family s	support				
	Example	s: Past due or lump sum alimony, s	oousal support, child support, mair	tenance, divorce settlement, pr	operty settlement	
	✓ No □ Ves	Give specific information				
	<b>—</b> 165.	Give specific information			Alimony:	
					Maintenance:	
					Support:	
					Divorce settlement:	
					Property settlement:	
31.		Security benefits; unpaid loans your specific information	ce payments, disability benefits, sign ou made to someone else			
		s: Health, disability, or life insuranc	e; health savings account (HSA); o	redit, homeowner's, or renter's	insurance	
	☐ No ☑ Yes.	Name the insurance company of each policy and list its value				
			Company name:	Beneficiary:		Surrender or refund value:
			Lincoln Life Ins.			unknown
32.	If you are	rest in property that is due you from the beneficiary of a living trust, expe someone has died.		olicy, or are currently entitled to	o receive property	
	Yes.	Give specific information				
33.		against third parties, whether or not s: Accidents, employment disputes				
		Describe each claim				

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First Name Middle Name Document Page 14 of 74

34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims
	<b>☑</b> No
	Yes. Describe each claim
35.	Any financial assets you did not already list
	<b>☑</b> No
	☐ Yes. Give specific information
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here
	for Part 4. Write that number here
Par	t 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.
	Do you own or have any legal or equitable interest in any business-related property?
···	✓ No. Go to Part 6.
	☐ Yes. Go to line 38.
38.	Accounts receivable or commissions you already earned
	☐ No ☐ Yes. Describe
	Tes. Describe
39.	Office equipment, furnishings, and supplies
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices
	□ No □ Yes, Describe
	Tes. Describe
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade
	□ No
	Yes. Describe
41.	Inventory
41.	□ No
	Yes. Describe
42.	Interests in partnerships or joint ventures
	□ No □ Yes. Describe
	Name of entity: % of ownership:
	%

Entered 07/03/18 16:53:59 Desc Main Case 18-41247<sub>Ryan</sub>Doc 1 Fileda Qi7/03/18 Debtor 1 Page 15 of 74 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ■ No Yes. Give specific information...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here...... Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. Yes. Go to line 47. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes..... 48. Crops-either growing or harvested ■ No Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No

☐ Yes.....

Debt	Case 18-41247 <sub>Ryan</sub> Doc 1 File doc 1/03/18 Entered 07/03/18 16:53:59 Desc Main  First Name Middle Name Doc 1/18 Page 16 of 74
50.	Farm and fishing supplies, chemicals, and feed  No Yes
51.	Any farm- and commercial fishing-related property you did not already list  No Yes. Give specific information
	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  ✓ No  ☐ Yes. Give specific information
	Add the dollar value of all of your entries from Part 7. Write that number here
55.	Part 1: Total real estate, line 2 → \$163,383.50
56.	Part 2: Total vehicles, line 5\$11,690.00
57.	Part 3: Total personal and household items, line 15 \$17,340.00
58.	Part 4: Total financial assets, line 36 \$33,072.73
59.	Part 5: Total business-related property, line 45 \$0.00
60.	Part 6: Total farm- and fishing-related property, line 52 \$0.00
61.	Part 7: Total other property not listed, line 54 + \$0.00
62.	Total personal property. Add lines 56 through 61
63.	Total of all property on Schedule A/B. Add line 55 + line 62

Case 18-41247 Doc 1 Filed 07/03/18 Entered 07/03/18 16:53:59 Desc Main

Michael Ryan

Downument

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Case number (if known)

First Name

Debtor 1

Middle Name

Last Name

## **SCHEDULE A/B: PROPERTY**

Continuation Page

6.	Household goods and furnishings	
	various appliances	\$3,275.00
	various small appliances	\$180.00
	misc. furniture: table, chairs, etc.	\$400.00
	various kitchenware	\$445.00
	living room furniture	\$1,900.00
	bedroom furniture (bed frames, mattresses x2)	\$1,500.00
	mirrors, dressers (3) desk	\$1,175.00
	lamps, mirrors, window treatments, bath mats, laundry baskets, cleaning supplies, luggage, decorations.	\$1,290.00
	bedding	\$425.00
	lawn & garden: hand tools, garden hose, lawnmower, etc.	\$1,970.00

Fill in this information	to identify your case:			03/18 16:53:59	Desc Main
Debtor 1	Michael	Ryan	Martin		
2 00.0.	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru	uptcy Court for the:		District of Massachusetts		
Case number					Check if this is an
(if known)					amended filing
Official Form	106C				
Schedule (	C: The Pro	perty Yo	u Claim as Ex	empt	04/16
property you listed on	Schedule A/B: Prop	perty (Official Form	106A/B) as your source, list the	e equally responsible for supplying c he property that you claim as exempt. ny additional pages, write your name	. If more space is needed, fill out and
exempt. Alternatively, exemptions—such as claim an exemption o	you may claim the fo those for health aid f 100% of fair marke	ull fair market value ds, rights to receive t value under a law	of the property being exemp certain benefits, and tax-ex	a particular dollar amount and the val	le statutory limit. Some mited in dollar amount. However, if you
Part 1: Identify	the Property You	u Claim as Exem	npt		
1. Which set of exe	emptions are you cla	iming? Check one o	only, even if your spouse is filin	g with you.	
✓ You are claimi	ing state and federal n	nonbankruptcy exemp	otions. 11 U.S.C. § 522(b)(3)		

Amount of the exemption you claim

Check only one box for each exemption.

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

Brief description of the property and line on

Schedule A/B that lists this property

☐ No☐ Yes

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the

portion you own
Copy the value from

Schedule A/B

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Specific laws that allow exemption

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		nount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Ch	eck only one box for each exemption.			
Brief description:	2015 Subaru Legacy VIN: 4s3bnal64f3012627	\$11,408.00	<b>1</b>	\$0.00	Mass. Gen. Laws ch. 235, § 34(16)		
Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit			
Brief description:	1999 Ford Ranger	\$282.00	<b>1</b>	\$282.00	Mass. Gen. Laws ch. 235, § 34(16)		
Line from Schedule A/B:	3.2			100% of fair market value, up to any applicable statutory limit			
Brief description:	various appliances	\$3,275.00	<b>4</b>	\$3,275.00	Mass. Gen. Laws ch. 235, § 34(2)		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit			
Brief description:	various small appliances	\$180.00	<b>1</b>	\$180.00	Mass. Gen. Laws ch. 235, § 34(2)		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit			
Brief description:	misc. furniture: table, chairs, etc.	\$400.00	<b>4</b>	\$400.00	Mass. Gen. Laws ch. 235, § 34(2)		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit			
Brief description:	various kitchenware	\$445.00	<b>4</b>	\$445.00	Mass. Gen. Laws ch. 235, § 34(2)		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit			
Brief description:	living room furniture	\$1,900.00	<b>4</b>	\$1,900.00	Mass. Gen. Laws ch. 235, § 34(2)		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit			
Brief description:	bedroom furniture (bed frames, mattresses x2)	\$1,500.00	<b>1</b>	\$1,500.00	Mass. Gen. Laws ch. 235, § 34(1)		
Line from Schedule A/B:	6		100% of fair market value, up to any applicable statutory limit				

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Cł	neck only one box for each exemption.		
Brief description:	mirrors, dressers (3) desk	\$1,175.00	<b>4</b>	\$1,175.00	Mass. Gen. Laws ch. 235, § 34(2)	
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit		
	lamps, mirrors, window treatments, bath mats,	\$1,290.00	<b>4</b>	\$1,290.00	Mass. Gen. Laws ch. 235, § 34(2)	
Brief description:	laundry baskets, cleaning supplies, luggage, decorations.	ψ1,200.00		100% of fair market value, up to any applicable statutory limit		
Line from Schedule A/B:	<u>6</u>					
Brief description:	bedding	\$425.00	<b>√</b>	\$425.00	Mass. Gen. Laws ch. 235, § 34(1)	
Line from Schedule A/B:	6	· · · · · · · · · · · · · · · · · · ·		100% of fair market value, up to any applicable statutory limit		
Brief	lawn & garden: hand tools, garden hose,	\$1,970.00	<b>4</b>	\$1,970.00	Mass. Gen. Laws ch. 235, § 34(2)	
description: Line from Schedule A/B:	lawnmower, etc.			100% of fair market value, up to any applicable statutory limit		
Brief	various electronics: stereo, VCR/DVD, iPod,	\$1,855.00	<b>1</b>	\$1,000.00	Mass. Gen. Laws ch. 235, § 34(17)	
description: Line from Schedule A/B:	cell phones, clocks.			100% of fair market value, up to any applicable statutory limit		
				\$855.00	Mass. Gen. Laws ch. 235, § 34(5)	
				100% of fair market value, up to any applicable statutory limit		
Brief	golf clubs, ski equipment, board games, fishing,	\$725.00	<b>1</b>	\$725.00	Mass. Gen. Laws ch. 235, § 34(2)	
description: Line from Schedule A/B:	treadmill			100% of fair market value, up to any applicable statutory limit		
Brief description:	misc. male clothing	\$1,350.00	<b>4</b>	\$1,350.00	Mass. Gen. Laws ch. 235, § 34(1)	
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit		

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		nount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Ch	eck only one box for each exemption.		
Brief description:	rings (4), watch 1)	\$600.00	<b>4</b>	\$600.00	Mass. Gen. Laws ch. 235, § 34(17)	
Line from Schedule A/B:	_12			100% of fair market value, up to any applicable statutory limit		
Brief description:	camera	\$250.00	<b>4</b>	\$250.00	Mass. Gen. Laws ch. 235, § 34(17)	
Line from Schedule A/B:	14			100% of fair market value, up to any applicable statutory limit		
Brief description:	Cash	\$20.00	<b>4</b>	\$20.00	Mass. Gen. Laws ch. 235, § 34(15)	
Line from Schedule A/B:	_16		Ц	100% of fair market value, up to any applicable statutory limit		
Brief description:	Jean D'Arc Checking account	\$5.00	<b>4</b>	\$5.00	Mass. Gen. Laws ch. 235, § 34(15)	
Line from Schedule A/B:	<u>17</u>			100% of fair market value, up to any applicable statutory limit		
Brief description:	Jean D'Arc Savings account	\$5.00	<b>1</b>	\$5.00	Mass. Gen. Laws ch. 235, § 34(15)	
Line from Schedule A/B:	<u>17</u>			100% of fair market value, up to any applicable statutory limit		
Brief description:	FIDELITY	\$33,042.73	<b>4</b>	\$33,042.73	Mass. Gen. Laws ch. 235 § 34A & 246	
Line from Schedule A/B:	21			100% of fair market value, up to any applicable statutory limit	§ 28	

	40 44045			· · · · · · · · · · · · · · · · · · ·	8 16:53:59	Desc Main	
Fill in this information to	o identify your case:			)3/1 	0 10.55.59 L	Desc Main	
Debtor 1	Michael	Ryan	Martin				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankrup	otcy Court for the:		District of Massachusetts				
Case number (if known)					[	Check if this is an amended filing	
Official Form	106D						
Schedule [	): Creditor	s Who H	lave Claims S	ecured by	/ Property		12/15
Yes. Fill in all of th	ox and submit this form		our other schedules. You have	e nothing else to repo	t on this form.		
claim. If more than		rticular claim, list t	cured claim, list the creditor se he other creditors in Part 2. A r's name.		Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Amerihome Mtg C	Co, Llc	Describe	e the property that secures th	ne claim:	\$253,653.93	\$163,383.50	\$0.00
Creditor's Name  21300 Victory Blvd  Number Stre		122 B S	St Dracut, MA 01826-2154				
Woodland Hills, C		As of the	e date you file, the claim is: C	Check all that apply.			
City		Code Conti	gent				
Who owes the de Debtor 1 only	bt? Check one.	☐ Unlqu ☐ Dispu					
Debtor 2 only		·	of lien. Check all that apply.				
☐ Debtor 1 and De  ☑ At least one of the	ebtor 2 only he debtors and anothe	<b>✓</b> An ag	greement you made (such as red car loan)	mortgage or			
Check if this cl		_	tory lien (such as tax lien, med	chanic's lien)			
community del	Dt	☐ ludar	mant lian from a lavavit				

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

Other (including a right to offset)

Last 4 digits of account number 6 0 7 8

Date debt was incurred

Dec 01, 2016

\$253,653.93

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First Name Middle Name DoguMant Page 23 of 74

Pa	Additional Page  After listing any entries on with 2.3, followed by 2.4, a	this page, number them beginning and so forth.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2	Chryslr Fin	Describe the property that secures the claim:	\$19,145.00	\$11,408.00	\$7,737.00
	Creditor's Name	2015 Subaru Legacy			
	Po Box 9223				
	Number Street	As of the date you file, the claim is: Check all that apply.			
	Farmington Hills, MI 48333  City State ZIP Code	☐ Contigent			
	Who owes the debt? Check one.	Unlquidated			
	Debtor 1 only	Disputed			
	Debtor 2 only	Nature of lien. Check all that apply.			
	Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or			
	At least one of the debtors and another	secured car loan)			
	☐ Check if this claim relates to a	☐ Statutory lien (such as tax lien, mechanic's lien)			
	community debt	☐ Judgment lien from a lawsuit			
	Nov 01, 2017	Other (including a right to offset)			
		Last 4 digits of account number 0 9 5 7			
2.3	Wells Fargo Dealer Services Creditor's Name Po Box 1697 Number Street	Describe the property that secures the claim:	\$3,581.00	\$0.00	\$3,581.00
	Winterville, NC 28590	As of the date you file, the claim is: Check all that apply.	:		
	City State ZIP Code	Contigent			
	Who owes the debt? Check one.	Unlquidated			
	Debtor 1 only	Disputed			
	Debtor 2 only	Nature of lien. Check all that apply.			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	✓ An agreement you made (such as mortgage or secured car loan)			
	☐ Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)			
	community debt	☐ Judgment lien from a lawsuit			
	Date debt was incurred Jan 01, 2015	Other (including a right to offset)			
		Last 4 digits of account number 9 4 9 2			
	Remarks: Debtor co-signed an auto loan for so the monthly payment.	on, Andrew. Andrew has possession of the vehicle & pays			
	Add the dollar value of your entries in Colum	nn A on this page. Write that number here:	\$22,726.00		
	If this is the last page of your form, add the chere:	dollar value totals from all pages. Write that number	\$276,379.93		

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Part 2:	List	Others	to Be	Notified	for a	Debt	That	You	Alread\	/listed

to co	ollect from you for a debt you owe to	someone else, list the cree	ditor in Part 1, an	t that you already listed in Part 1. For example, if a collection agency is trying d then list the collection agency here. Similarly, if you have more than one re. If you do not have additional persons to be notified for any debts in Part 1,
1	Nachampasak, Nouanthaai			On which line in Part 1 did you enter the creditor? 1
	Name			
	122 B Street			Last 4 digits of account number
	Number Street			_
				<del>-</del>
	Dracut, MA 01826			
	City	State	ZIP Code	_
2	TD Auto Finance			On which line in Part 1 did you enter the creditor? 2
	Name			Last 4 digits of account number 0 9 5 7
	PO Box 9223			
	Number Street			_
				_
	Farmington, MI 48333			
	City	State	ZIP Code	_

Fill in this information	to identify your case:			103/18 16:53:59	Desc Ma	in
Debtor 1	Michael First Name	<b>Ryan</b> Middle Name	Martin Last Name	7		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the:		District of Massachusetts			
Case number (if known)					Check if the amended to	
Official Form	106E/F					
Schedule (	E/F: Credi	tors Who	Have Unsecured C	laims		12/15
Part 1: List All of  1. Do any creditors  1. No. Go to Pa  1. Yes.  2. List all of your pridentify what type possible, list the copart 1. If more that	of Your PRIORIT  have priority unsecured cla of claim it is. If a clair claims in alphabetical an one creditor holds	Y Unsecured Claured claims against hims. If a creditor has me has both priority an order according to the a particular claim, list a particular claim, list	you?  more than one priority unsecured claim, I d nonpriority amounts, list that claim here are creditor's name. If you have more than to the other creditors in Part 3.	ist the creditor separately fo	nonpriority amour	nts. As much as
(For an explanation	on of each type of cla	im, see the instructio	ns for this form in the instruction booklet.)	Total claim	Priority amount	Nonpriority amount
City  Who incurred  Debtor 1 or  Debtor 2 or  Debtor 1 ar  At least one	Street  State  I the debt? Check on nly nly nly nd Debtor 2 only e of the debtors and a	ne. another	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Chapply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you or government	we the		
☐ Check if th	nis claim is for a con	nmunity debt	<ul> <li>Claims for death or person injury whintoxicated</li> </ul>	ille you were		

Other. Specify

Is the claim subject to offset?

☐ No☐ Yes

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Debtor 1  Witchael 10-4124 (Ryan DOC 1 1 116)  First Name Middle Name DC	Martin 703/10 Entered 07/03/10 case number (if known)	iaiii
Part 2: List All of Your NONPRIORITY Unsecured C	Claims	
unsecured claim, list the creditor separately for each claim. For		luded in Part 1. If more
		Total claim
American Honda Finance	Last 4 digits of account number 0201	\$0.00
Nonpriority Creditor's Name	When was the debt incurred? 02/01/2008	
Number Street  Holyoke, MA 01040  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.2 Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number 6512	\$0.00
Po Box 982238  Number Street  EI Paso, TX 79998  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	When was the debt incurred? 03/01/2006  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Capital One Nonpriority Creditor's Name Po Box 5253 Number Street Carol Stream, IL 60197	Last 4 digits of account number 2727  When was the debt incurred? 02/01/2010  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	\$0.00
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	

Official Form 106E/F

Is the claim subject to offset?

 $\hfill \Box$  At least one of the debtors and another

☐ Check if this claim is for a community debt

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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Michael Ryan Douchiment Page 27 of 74 Case number (if known)

	r listing any entries on this page, number them beginning v	viul 4.5, followed by 4.6, and so forth.	Total claim
1	Capital One	Last 4 digits of account number 6004	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? 11/01/2012	
	26525 N Riverwoods Blvd	As of the date you file, the claim is: Check all that apply.	
	Number Street	☐ Contingent	
	Mettawa, IL 60045 City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	<b>=</b>	Type of NONPRIORITY unsecured claim:	
		Student loans	
	Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	☐ Other. Specify	
	<b>☑</b> No		
	☐ Yes		
1	Capital One	Last 4 digits of account number 7849	(\$1.00
_	Nonpriority Creditor's Name	When was the debt incurred? 11/23/2006	
	Po Box 30281	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Salt Lake City, UT 84130		
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only	Student loans	
	☐ Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	Other. Specify	
	☑ No	,	
	☐ Yes		
1		Last 4 divides of account mumbers 0004	\$0.0
J	Chase Auto Finance Nonpriority Creditor's Name	Last 4 digits of account number 2901	
	Po Box 901003	When was the debt incurred? 06/01/2006	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Ft Worth, TX 76101	Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☐ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only	☐ Student loans	
	☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	■ Debts to pension or profit-sharing plans, and other similar debts	
	•		
	Is the claim subject to offset?  No	U Other. Specify	
	<b>—</b> 110		

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r listing any entries on this page, number them beginning	with 4.5, followed by 4.6, and so forth.	Total claim
Chase Card Services	Last 4 digits of account number 2603	\$0.0
Nonpriority Creditor's Name	When was the debt incurred? 02/01/2004	
Po Box 15298	As of the date you file, the claim is: Check all that apply.	
Number Street	☐ Contingent	
Wilmington, DE 19850 City State ZIP Code	Unliquidated	
,	☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only		
☐ Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
☐ Check if this claim is for a community debt	similar debts	
Is the claim subject to offset?	Other. Specify	
☑ No	•	
Yes		
Chase Card Services	Last 4 digits of account number 8271	<b>\$0.</b>
Nonpriority Creditor's Name	When was the debt incurred? 10/01/2007	
Po Box 15298		
Number Street	As of the date you file, the claim is: Check all that apply.	
Wilmington, DE 19850	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only	☐ Student loans	
☐ Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	Other. Specify	
☑ No	. ,	
Yes		
Chase Mortgage	Last 4 digits of account number 6601	\$0.
Nonpriority Creditor's Name	When was the debt incurred? 10/01/2005	
P.o. Box 24696	As of the date you file, the claim is: Check all that apply.	
Number Street		
Columbus, OH 43224	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	☐ Other. Specify	
☑ No	,	
☐ Yes		

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Part	2: Your NONPRIORITY Unsecured Claims - Co	ntinuation Page	
Afte	r listing any entries on this page, number them beginning v	vith 4.5, followed by 4.6, and so forth.	Total claim
4.10	Citicards Cbna	Last 4 digits of account number 7182	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? 11/12/2002	
	Pob 6241	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Sioux Falls, SD 57117 City State ZIP Code	Unliquidated	
		☐ Disputed	
	Who incurred the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:  Student loans	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	<ul><li>□ At least one of the debtors and another</li><li>□ Check if this claim is for a community debt</li></ul>	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	☑ No	— Guion opoony	
	☐ Yes		
4.11	Compass Bank For Savin/BBVA Compass	Last 4 digits of account number 8518	\$38,196.00
	Nonpriority Creditor's Name	When was the debt incurred? 10/01/2004	
	450 Penn St	As of the date you file, the claim is: Check all that apply.	
	Number Street	☐ Contingent	
	Reading, PA 19602 City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	_ ′	Student loans	
	Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
	☐ Debtor 1 and Debtor 2 only  ✓ At least one of the debtors and another	divorce that you did not report as priority claims	
	At least one of the debtors and another  Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
	Is the claim subject to offset?	Other. Specify	
	<b>☑</b> No		
	Yes		
4.12	Compass Bank For Savin/BBVA Compass	Last 4 digits of account number 1302	\$16,371.00
	Nonpriority Creditor's Name	When was the debt incurred?06/01/2017	
	450 Penn St Number Street	As of the date you file, the claim is: Check all that apply.	
	Reading, PA 19602	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other</li> </ul>	
		similar debts	
	Is the claim subject to offset?  No	☐ Other. Specify	
	☐ Yes		

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ter listing any entries on this page, number them beginnin	g with 4.5, followed by 4.6, and so forth.	Total claim
Discover Financial	Last 4 digits of account number 4388	\$18,742.0
Nonpriority Creditor's Name	When was the debt incurred? 07/01/2010	
Po Box 15316	As of the date you file, the claim is: Check all that apply.	
Number Street	☐ Contingent	
Wilmington, DE 19850 City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
<ul><li>At least one of the debtors and another</li><li>Check if this claim is for a community debt</li></ul>	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	Other. Specify	
☑ No	• •	
☐ Yes		
Discover Financial	Last 4 digits of account number 9214	\$0.
Nonpriority Creditor's Name	When was the debt incurred? 06/01/2007	
Po Box 15316	As of the date you file, the claim is: Check all that apply.	
Number Street Wilmington, DE 19850	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	Other. Specify	
☑ No		
☐ Yes		
Kohls/Capital One	Last 4 digits of account number 5852	\$0.
Nonpriority Creditor's Name	When was the debt incurred? 08/01/2006	
N56 W 17000 Ridgewood Dr Number Street	As of the date you file, the claim is: Check all that apply.	
Menomonee Falls, WI 53051	☐ Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	Other. Specify	
☑ No		
☐ Yes		

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Last 4 digits of account number 0217  When was the debt incurred? 02/01/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Contingent Unliquidated	
Unliquidated	
·	
☐ Disputed	
Student loans	
Obligations arising out of a separation agreement or	
divorce that you did not report as priority claims	
<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Other. Specify	
Last 4 digits of account number 2591	\$
When was the debt incurred? 08/01/2005	
As of the date you file, the claim is: Check all that apply.	
_	
•	
•	
divorce that you did not report as priority claims	
<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Other. Specify	
Last 4 digits of account number 0092	\$
When was the debt incurred? 02/01/2015	
As of the date you file, the claim is: Check all that apply.	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or	
_ , , , ,	
<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Other. Specify	
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number 2591 When was the debt incurred? 08/01/2005 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number 0092 When was the debt incurred? 02/01/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

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Part 2: Your NONPRIORITY Unsecured CI	laims - Continuation Page	
After listing any entries on this page, number them	beginning with 4.5, followed by 4.6, and so forth.	Total claim
4.19 Synchrony Bank/ Money Sport  Nonpriority Creditor's Name  C/o Po Box 965036  Number Street  Orlando, FL 32896  City State ZIP Co  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community del Is the claim subject to offset?  ✓ No  Yes	<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other</li> </ul>	\$1,277.00
Tdrcs/jordansfurniture   Nonpriority Creditor's Name	<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other</li> </ul>	\$2,308.00
Volkswagen Credit, Inc Nonpriority Creditor's Name  1401 Franklin Blvd Number Street  Libertyville, IL 60048  City State ZIP Co  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community del ls the claim subject to offset?  ✓ No  Yes	□ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other	(\$1.00)

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Page 33 of 74 **Downlanent** Ryan Case number (if known) First Name Middle Name Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$0.00 4.22 Volkswagen Credit, Inc Last 4 digits of account number 6054 Nonpriority Creditor's Name When was the debt incurred? 03/01/2014 1401 Franklin Blvd As of the date you file, the claim is: Check all that apply. Number Contingent Libertyville, IL 60048 State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other ☐ Check if this claim is for a community debt similar debts ☐ Other. Specify Is the claim subject to offset?

**☑** No ☐ Yes

Part 4:

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First Name Middle Name Last Name

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<b>J.</b>			
			Total claim
Total claims	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d	\$0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$0.00
			Total claim
Total claims	6f. Student loans	6f.	\$0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	<ol><li>Other. Add all other nonpriority unsecured claims.</li><li>Write that amount here.</li></ol>	6i	+ \$76,892.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$76,892.00

Fill in this information	to identify your case:			-	)3/18 16:53:59 !	Desc Main
Debtor 1	Michael	Ryan	Martin			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankr	uptcy Court for the:		District of Massachusetts			
Case number (if known)						Check if this is an amended filing

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whor	n you have	e the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	•
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	•

Fill	l in this information t	o identify your case:			p3/18 16:53:59	Desc Main
D	ebtor 1	Michael	Ryan	Martin	y r	
		First Name	Middle Name	Last Name		
	ebtor 2					
(8	Spouse, if filing)	First Name	Middle Name	Last Name		
U	Inited States Bankru	ptcy Court for the:		District of Massachusetts		
_	ase number fknown)					Check if this is an amended filing
						·
Of	fficial Form	106H				
			adabtara			
20	chedule F	H: Your Co	debtors			12/15
botl	h are equally respo	nsible for supplying	g correct information	on. If more space is needed	complete and accurate as possible. If tw , copy the Additional Page, fill it out, and the your name and case number (if know	nd number the entries in the boxes or
						vii). Aliswei every question.
1.		codebtors? (If you a	re filing a joint case	, do not list either spouse as	a codebtor.)	
	☑ No ☑ Yes					
2	_	roore have very lives	l in a community n	roporty state or torritory?	Community property states and territories	singludo Arizono Colifornio Idoho
۷.	•			hington, and Wisconsin.)	Community property states and territories	sinciude Anzona, California, Idano,
	✓ No. Go to line 3	3.				
	Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?					
	□No					
	Yes. In which	h community state or	territory did you live	?	Fill in the name and current a	ddress of that person.
	Name					
	Number	Street				
	City		State ZIP Code			
3.	In Column 1, list a	III of your codebtors	s. Do not include yo	our spouse as a codebtor if	your spouse is filing with you. List the	person shown in line 2 again as a
					the creditor on <i>Schedule D</i> (Official Fo or Schedule G to fill out Column 2.	rm 106D), <i>Schedule E/F</i> (Official
	Column 1: Your co	odebtor			Column 2: The creditor to	whom you owe the debt
					Check all schedules that	
3.1	Martin, Andrew				✓ Schedule D, line 2.3	
	Name				Schedule E/F, line	
	EOE Mossill La					

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Schedule G, line \_\_\_\_

☑ Schedule D, line 2.1

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

525 Merrill Ln

Dracut, MA 01826

Street

Nachampasak, Nouanthaai

Street Dracut, MA 01826 State

State

ZIP Code

ZIP Code

Number

City

Name

City

Number

122 B Street

		40.440		7.0040	_		<b>≝</b> 03/18 1	.6:53:59	Desc	Main		
Fill	in this information to	identify your cas	e: 		ug.		) 	.0.55.55	DC3C	iviaiii		
D	ebtor 1	Michael		artin								
_	ohtor O	First Name	Middle Name Las	t Name								
	ebtor 2 pouse, if filing)	First Name	Middle Name Las	t Name				Che	ck if this is:			
U	nited States Bankrup	tcy Court for the:	District	of Massachusett	s			_	n amended fi	Ū		
С	ase number _								supplement hapter 13 inco			date
(if	known)							_				
								N	/IM / DD / YY	ΥΥ		
<b>O</b> f	ficial Form	<u> 1061</u>										
Sc	chedule I:	Your In	come								12/ <sup>-</sup>	15
spo Iddi	use is not filing with	n you, do not incl your name and ca	filing jointly, and your spous lude information about your ase number (if known). Answ	spouse. If more s	spac							
1.	Fill in your employinformation.	ment		Debtor 1				D	ebtor 2 or no	n-filing en	ouso	
	information.									ii-iiiiig sp	ouse	
	If you have more tha attach a separate pa		Employment status	Employed  Not Employe	ad.				oloyed Employed			
	information about ac	•		— Not Employe	u			—1100	Litipioyea			
	employers.		Occupation	carman								
	Include part time, se self-employed work.		Employer's name	Keolis Commut	er S	ervices						
	Occupation may inc		Employer's address	470 Atlantic Ave	<del>)</del> .							
	or homemaker, if it a	applies.	impleyer c address	Number Street				Numb	er Street			
												_
								<u> </u>				
				Boston, MA 022	210		7: 0 !					
			How long employed there?	City 28 years 3 mont	hs	State	Zip Code	City		State	Zip Code	
			3. 1.3.									
Pa	rt 2: Give Deta	ils About Mor	nthly Income									
	Estimate monthly i	income as of the	date you file this form. If you	have nothing to r	enor	t for any line	e, write \$0 in th	ne space. Inc	ude vour non	-filing spou	se unless voi	ı
	are separated.		add you mo and form if you	Thave nouning to it	opo.	tioi arry mic	σ, ππο φο π α	ю орасс. по	ado your non	iiii ig opou	oo uniooo yo	<b>.</b>
	If you or your non-fili attach a separate sh		more than one employer, comb	oine the information	n for	all employe	rs for that pers	son on the lin	es below. If yo	ou need mo	ore space,	
						For	r Debtor 1	For Debt	or 2 or g spouse			
2.			nd commissions (before all palate what the monthly wage wo		2.		\$5,205.20		\$0.00			
3.	Estimate and list m	nonthly overtime	pay.		3.	+	\$0.00	+	\$0.00			

\$5,205.20

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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			For Debtor 1		For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$5,205.20		\$0.00	
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$895.87		\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$566.67		\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$208.22		\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e. Insurance	5e.	\$318.11		\$0.00	
	5f. Domestic support obligations	5f.	\$0.00		\$0.00	
	5g. Union dues	5g.	\$0.00		\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+	\$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,988.87		\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,216.33		\$0.00	
8.	List all other income regularly received:					
0.	·					
	<ol> <li>Net income from rental property and from operating a business, profession, or farm</li> </ol>					
	Attach a statement for each property and business showing gross receipts,					
	ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		\$0.00	
	8b. Interest and dividends	8b.	\$0.00		\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$0.00		\$0.00	
	8d. Unemployment compensation	8c.	\$0.00		\$0.00	
	8e. Social Security	8d.	\$0.00		\$0.00	
	8f. Other government assistance that you regularly receive	8e.				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00		\$0.00	
	8g. Pension or retirement income	8g.	\$0.00		\$0.00	
	8h. Other monthly income. Specify:	8h.	+ \$0.00	+	\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$0.00	
		J.	Ψ0.00		Ψσ.σσ	
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,216.33	+	\$0.00	\$3,216.33
11.	State all other regular contributions to the expenses that you list in Schedule J	J.				
	Include contributions from an unmarried partner, members of your household, your d friends or relatives.	lepende	ents, your roommates, ar	d othe	er	
	Do not include any amounts already included in lines 2-10 or amounts that are not av	vailable	to pay expenses listed in	n <i>Sch</i> e	edule J.	
	Specify: Contributions to household expenses - Nouanthai Nachampasak (Debtor	's live-ir	n girlfriend)	_	11. +	\$2,875.80
12.	Add the amount in the last column of line 10 to the amount in line 11. The result amount on the Summary of Your Assets and Liabilities and Certain Statistical Information		•	ne. W	rite that	\$6,092.13
						Combined
						monthly income
13.	Do you expect an increase or decrease within the year after you file this form?  ✓ No.					
	Yes. Explain:					

Fil	ll in this information to	o identify your case:				)3/18 10.53 	).59 L	Jest Main
С	Debtor 1	Michael	Ryan	Martin				
		First Name	Middle Name	Last Name		Check if this i	s:	
	Debtor 2					☐ An amend	J	
	Spouse, if filing)	First Name	Middle Name	Last Name	-1			g postpetition s of the following date:
L	Jnited States Bankrup	otcy Court for the:		District of Massac	cnusetts			_
	Case number if known)					MM / DD /	YYYY	
$\bigcirc$	fficial Form	1061				J		
	chedule J		•					12/15
					her, both are equally resp write your name and caso			ect information. If more space is er every question.
Pa	art 1: Describe	Your Household						
1.	Is this a joint case	?						
	✓ No. Go to line 2							
	_	·· tor 2 live in a separa	ate household?					
	□No	•						
	☐Yes. I	Debtor 2 must file Of	ficial Form 106J-2,	Expenses for Sepa	arate Household of Debtor	<sup>-</sup> 2.		
2.	Do you have depe	endents?	□No					
	Do not list Debtor 1 Debtor 2.	l and		is information for	Dependent's relations Debtor 1 or Debtor 2	hip to De ag	ependent's e	Does dependent live with you?
	Do not state the de	pendents' names.	each depende	nt	20000: 1 0: 20000: 2		,-	✓ <sub>No.</sub>
					Child	2	1	☐ <sub>Yes.</sub>
					Child	19	9	□ No. ☑ Yes.
								□ <sub>No.</sub>
					Child		3	✓ Yes. □ No
								— ☐Yes
3.	Do your expenses of people other th		✓No					
	your dependents?	•	Yes					
Ра	art 2: Estimate	Your Ongoing M	onthly Expens	es				
					g this form as a supplem the top of the form and f			report expenses as of a date after
Inc	clude expenses paid	d for with non-cash	government assist	tance if you know	the value of	•		
	ich assistance and l						Y	our expenses
4.		e ownership expens	ses for your resider	<b>nce.</b> Include first m	ortgage payments and any		4.	
	ground or lot.						. –	
	If not included in	line 4:						
	4a. Real estate taxe	es					4a. <u> </u>	\$0.00
	4b. Property, home	owner's, or renter's i	nsurance				4b	\$0.00
	4c. Home maintena	ance, repair, and upke	ep expenses				4c.	\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

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		Your expenses
. Additional mortgage payments for your residence, such as home equity loans	5	
. Utilities:		
6a. Electricity, heat, natural gas	6a	\$365.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$200.00
6d. Other. Specify:	6d.	\$0.00
Food and housekeeping supplies	7.	\$700.00
. Childcare and children's education costs	8.	\$368.00
. Clothing, laundry, and dry cleaning	9.	\$41.67
0. Personal care products and services	10.	\$50.00
Medical and dental expenses	11.	\$110.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12.	\$500.83
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
4. Charitable contributions and religious donations	14.	\$0.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c	\$120.93
15d. Other insurance. Specify:	15d. -	\$0.00
<ol> <li>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li> <li>Specify:</li> </ol>	16.	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	
17b. Car payments for Vehicle 2	17b	
17c. Other. Specify:	17c	
17d. Other. Specify:	17d	
<ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> </ol>	18.	\$967.50
9. Other payments you make to support others who do not live with you.  Specify:	19.	\$0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$100.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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21.	Other. Specify:  Work requirements (work boots/clothes) Girlfriend - mortgage Girlfriend - utilities Girlfriend - food  Girlfriend - transportation Girlfriend - cell phone Girlfriend - car insurance Girlfriend - hair/nails/etc.	21.	<b>+</b> \$2,931.00
22.	Calculate your monthly expenses.		
	22a. Add lines 4 through 21.	22a.	\$6,454.93
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
	22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$6,454.93
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$6,092.13
	23b. Copy your monthly expenses from line 22c above.	23b.	<b>-</b> \$6,454.93
	23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	(\$362.80)
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.		

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First Name Middle Name DOGUMENT F Entered 07/03/18 <u>46</u>:53:59<sub>(if kr</sub>Des<u>c Main</u> Page 42 of 74

Itemized Expenses

Household:

Fill in this information	n to identify your case:			03/18 16:53:59	Desc Main
Debtor 1	Michael First Name	Ryan Middle Name	Martin Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankı	ruptcy Court for the:		District of Massachusetts		
Case number (if known)					Check if this is an amended filing

#### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$163,383.50 \$62,102.73 \$225,486.23
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$276,379.93
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)      3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$76,892.00 \$353,271.93
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$6,092.13
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	\$6,454.93

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Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **√**1 Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official \$8,345.26 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$0.00 9g. Total. Add lines 9a through 9f. \$0.00

Debtor 1

Fill in this information	to identify your case:			( 	3/16 10.53.59	Desc Main
Debtor 1	Michael	Ryan	Martin			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the:		District of Massachusetts			
Case number (if known)						Check if this is an amended filing

### Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

ou pay or agree to pay someone who is NOT and	attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature
	(Official Form 119).
nder penalty of perjury, I declare that I have read the	e summary and schedules filed with this declaraion and that they are true and correct.
nder penalty of perjury, I declare that I have read the	
nder penalty of perjury, I declare that I have read the	

this information t	o identify your case.					
otor 1	Michael	Ryan	Martin			
	First Name	Middle Name	Last Name			
otor 2 ouse, if filing)	First Name	Middle News	Last Name			
	First Name	Middle Name				
ed States Bankru	otcy Court for the:		District of Massachu	setts		_
e number lown)						Check if this is an amended filing
cial Form	107					
itement	of Financ	cial Affa	irs for Indiv	riduals Filing fo	r Bankı	ruptcy o
				both are equally responsible for rite your name and case number		
1: Give Deta	ails About Your	Marital Statu	ıs and Where You L	ived Refore		
i. Give bett	ans About Tour	Maritar State	as and where roa's	TVCG BCTOTC		
'hat is vour curre	nt marital status?					
	nt marital status?					
Married	nt marital status?					
	nt marital status?					
Married	nt marital status?					
Married Not married		anywhere other	than where you live now	?		
Married Not married uring the last 3 ye		anywhere other	than where you live now	?		
Married Not married  Wring the last 3 ye No	ars, have you lived		·			
Married Not married  Wring the last 3 ye No	ars, have you lived		than where you live now  Do not include where you  Dates Debtor 1 lived there			Dates Debtor 2 live
Married Not married  Wring the last 3 ye No Yes. List all of the	ars, have you lived		Do not include where you  Dates Debtor 1 lived	live now.  Debtor 2:		there
Married Not married  In the last 3 years  No Yes. List all of the last 1:	ears, have you lived e places you lived in		Do not include where you  Dates Debtor 1 lived there	live now.		there  Same as Debtor
Married Not married  Iring the last 3 ye No Yes. List all of th	ears, have you lived e places you lived in		Do not include where you  Dates Debtor 1 lived there  From 2013	Debtor 2:  Same as Debtor 1		there  Same as Debtor  From
Married Not married  Iring the last 3 ye No Yes. List all of the Debtor 1:	ears, have you lived e places you lived in		Do not include where you  Dates Debtor 1 lived there	live now.  Debtor 2:		there  Same as Debtor
Married Not married  In Not ma	ears, have you lived e places you lived in		Do not include where you  Dates Debtor 1 lived there  From 2013	Debtor 2:  Same as Debtor 1		there  Same as Debtor  From
Married Not married  In Not ma	ears, have you lived e places you lived in		Do not include where you  Dates Debtor 1 lived there  From 2013	Debtor 2:  Same as Debtor 1	State ZIP C	Same as Debtor 7 From To
Married Not married Not married No married No Yes. List all of th Debtor 1:  525 Merril Lane Number Street Dracut, 01826	ears, have you lived e places you lived in	the last 3 years. I	Do not include where you  Dates Debtor 1 lived there  From 2013	Debtor 2:  Same as Debtor 1  Number Street	State ZIP C	there  Same as Debtor  From  To  Code
Married Not married  In Not married  In No No Yes. List all of the Debtor 1:  525 Merril Lane Number Street  Dracut, 01826	ears, have you lived e places you lived in	the last 3 years. I	Do not include where you  Dates Debtor 1 lived there  From 2013 To 2016	Debtor 2:  Same as Debtor 1  Number Street  City	State ZIP C	there  Same as Debtor  From To  Code  Same as Debtor
Married Not married Not married No married No Yes. List all of th Debtor 1:  525 Merril Lane Number Street  Dracut, 01826 City	e places you lived in	the last 3 years. I	Do not include where you  Dates Debtor 1 lived there  From 2013	Debtor 2:  Same as Debtor 1  Number Street  City	State ZIP C	Same as Debtor 7 From To
Married Not married Not married No married No Yes. List all of th Debtor 1:  525 Merril Lane Number Street  Dracut, 01826 City Shaw St.	e places you lived in	the last 3 years. I	Do not include where you  Dates Debtor 1 lived there  From 2013 To 2016  From 2011	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP C	there  Same as Debtor  From To  Code  Same as Debtor  From From From From
Married Not married Not married No married No Yes. List all of th Debtor 1:  525 Merril Lane Number Street  Dracut, 01826 City Shaw St.	ears, have you lived in places you lived in State	the last 3 years. I	Do not include where you  Dates Debtor 1 lived there  From 2013 To 2016  From 2011	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP C	there  Same as Debtor  From To  Same as Debtor  To  To  To  To  To  To  To  To

**√** No

include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

otor 1 Chase 18-41247 <sub>Ryan</sub> l First Name Middle	Doc 1 Filedani/03 Name Dogumen	8/18 Entered 07/0 nt Page 47 of 74	03/18 <u>16</u> 53 59 (if kno	esc Main
rt 2: Explain the Sources of Your I	ncome			
Did you have any income from employmen Fill in the total amount of income you received f you are filing a joint case and you have inco	d from all jobs and all business	ses, including part-time activitie	es.	
☑ No		·		
✓ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☑ Wages, commissions, bonuses, tips	\$25,576.77	☐ Wages, commissions, bonuses, tips	
date you nied to ballkruptoy.	Operating a business		Operating a business	
For last calendar year:	✓ Wages, commissions, bonuses, tips	\$70,405.68	☐ Wages, commissions, bonuses, tips	
(January 1 to December 31, 2017 YYYY	Operating a business		Operating a business	
For the calendar year before that:	☑ Wages, commissions, bonuses, tips	\$83,197.68	☐ Wages, commissions, bonuses, tips	
(January 1 to December 31, 2016 YYYY	Operating a business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Operating a business	
Did you receive any other income during the notude income regardless of whether that income ayments; pensions; rental income; interest; cleave income that you received together, list it does not source and the gross income from the second of the gross income from the gross income from the second of the gross income from the gr	ome is taxable. Examples of or dividends; money collected from only once under Debtor 1.	ther income are alimony; child and lawsuits; royalties; and gamb	bling and lottery winnings. If y	
	Debtor 1		Debtor 2	
	Sources of income	Gross income from each	Sources of income	Gross Income from each
	Describe below.	source (before deductions and exclusions)	Describe below.	csoure (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year:				
(January 1 to December 31, 2017 YYYY				
For the calendar year before that				

(January 1 to December 31,  $\underline{\frac{2016}{YYYY}}$ )

e eithe	er Debtor 1's or Debtor 2's debts primarily	consumer debts?			
□No.	Neither Debtor 1 nor Debtor 2 has prir individual primarily for a personal, family During the 90 days before you filed for ba	, or household purpose."	,		curred by an
	No. Go to line 7.	arin apicy, ara you pay ar	ly distance a total of \$6,420°C	THOIC:	
	Yes. List below each creditor to who creditor. Do not include payments to an attorney for the	ents for domestic suppo			
	* Subject to adjustment on 4/01/19 and e	. ,	r cases filed on or after the da	ate of adjustment.	
<b>∕</b> Yes.	<b>Debtor 1 or Debtor 2 or both have prin</b> During the 90 days before you filed for ba	•		nore?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to wh payments for domestic supporthis bankruptcy case.				
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Amerihome Mtg Co, Llc Creditor's Name	<b>Dul 01, 2018</b>	Total amount paid \$10,932.42	Amount you still owe \$253,653.93	<b>√</b> Mortgage □ Car
		Jul 01, 2018  Jun 01, 2018			✓Mortgage
	Creditor's Name  21300 Victory Blvd Ste 2  Number Street  Woodland Hills, CA 91367	Jul 01, 2018  Jun 01, 2018  May 01, 2018			☑ Mortgage ☐ Car ☐ Credit card
	Creditor's Name  21300 Victory Blvd Ste 2  Number Street	Jul 01, 2018  Jun 01, 2018  May 01, 2018			✓ Mortgage  ☐ Car ☐ Credit card ☐ Loan repayment
	Creditor's Name  21300 Victory Blvd Ste 2  Number Street  Woodland Hills, CA 91367	Jul 01, 2018  Jun 01, 2018  May 01, 2018  Apr 01, 2018			✓ Mortgage  ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
	Creditor's Name  21300 Victory Blvd Ste 2  Number Street  Woodland Hills, CA 91367	Jul 01, 2018  Jun 01, 2018  May 01, 2018  Apr 01, 2018  Mar 01, 2018			Mortgage  Car Credit card Loan repayment Suppliers or vendors  Other  Mortgage  Car
	Creditor's Name  21300 Victory Blvd Ste 2  Number Street  Woodland Hills, CA 91367  City State ZIP Co	Jul 01, 2018  Jun 01, 2018  May 01, 2018  Apr 01, 2018  Mar 01, 2018			Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage

Amount you still owe

Total amount paid

Dates of

payment

Reason for this payment

Filed 07/03/18 Entered 07/03/18 16:53:59 in Desc Main Case 18-41247 Ryan Doc 1 Debtor 1 Page 49 of 74 Insider's Name Number Street City State ZIP Code Insider's Name Number Street City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still owe Reason for this payment payment Include creditor's name Insider's Name Number Street ZIP Code City State Insider's Name Number Street City State ZIP Code Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **√**No Yes. Fill in the details.

First Name	Middle Name	Dogyment				
	Nature of	f the case	Court or agency			Status of the case
Case title						Pending
			Court Name			☐ On appeal☐ Concluded☐
ase number			Number Street			Gondadea
			City	State	ZIP Code	
Case title						Pending
			Court Name			On appeal
Case number			Number Street			Concluded
			City	State	ZIP Code	
<del>_</del>	below.					
	below.	Describe the prope	erty	Dat	е	Value of the property
Yes. Fill in the information	n below.	Describe the prope	erty	Dat	е	Value of the property
<del>_</del>	n below.	Describe the prope	erty	Dat	е	Value of the property
Yes. Fill in the information	n below.	Describe the proper		Date	е	Value of the property
Yes. Fill in the information  Creditor's Name	a below.	Explain what happe	ened ossessed.	Dat	е	Value of the property
Yes. Fill in the information  Creditor's Name	n below.	Explain what happed Property was report Property was fore	ened ossessed. closed.	Dat	е	Value of the property
Yes. Fill in the information  Creditor's Name	State ZIP Code	Explain what happed Property was report Property was fore Property was garr	ened ossessed. closed.	Dat	е	Value of the property
Yes. Fill in the information  Creditor's Name  Number Street		Explain what happed Property was report Property was fore Property was garr	ened ossessed. closed. nished. ched, seized, or levied.	Dat		Value of the property  Value of the property
Yes. Fill in the information  Creditor's Name  Number Street  City		Explain what happed Property was reported Property was fore Property was garred Property was attack	ened ossessed. closed. nished. ched, seized, or levied.			
Yes. Fill in the information  Creditor's Name  Number Street		Explain what happed Property was reported Property was fore Property was garred Property was attack	ened ossessed. closed. nished. ched, seized, or levied.			
Yes. Fill in the information  Creditor's Name  Number Street  City		Explain what happed Property was reported Property was fore Property was garred Property was attack	ened ossessed. closed. nished. ched, seized, or levied.			
Number Street  City  Creditor's Name		Explain what happe Property was reported Property was garr Property was attact Property was attact Pescribe the property was attact Explain what happe	ened  ossessed. closed. nished. ched, seized, or levied. erty  ened ossessed.			
Yes. Fill in the information  Creditor's Name  Number Street  City  Creditor's Name		Explain what happe Property was report Property was fore Property was garr Property was attact Describe the property Explain what happe	ened  ossessed. closed. nished. ched, seized, or levied. erty  ened ossessed. closed.			

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to
	make a payment because you owed a debt?

$\mathbf{V}$	Ν	c
--------------	---	---

Yes. Fill in the details.

	First Name		7 <sub>Ryan</sub> Doc 1 Middle Name	FileMaΩi7/03/18  Dogymaent	Page 51 of 74	ase number ( <i>II known)</i>	
				Describe the action the	e creditor took	Date action was taken	Amount
Creditor's	Name						
Number	Street			-			
				Last 4 digits of account n	umber: XXXX		
City	\$	State	ZIP Code				
			ankruptcy, was	any of your property in th	ne possession of an assignee for	the benefit of creditor	rs, a court-appointed rece
<b>Sustodia</b> r No	n, or another offic	iai?					
Yes							
5: List	Certain Gifts	and C	Contribution	S			
hin 2 voa	ers before you file	d for b	ankruptov did v	you give any gifts with a t	otal value of more than \$600 per	nerson?	
-	ars before you file	d for b	ankruptcy, did y	you give any gifts with a to	otal value of more than \$600 per	person?	
No							
Yes. Fill ir	n the details for ea	ch gift.					
Gifts with person	n a total value of r	nore th	nan \$600 per	Describe the gifts		Dates you gave the gifts	Value
Person to \	Whom You Gave the	e Gift					
Person to \	Whom You Gave th	e Gift					
Person to \	Whom You Gave th	e Gift					
		e Gift					
	Whom You Gave the	e Gift					
Person to \	Street		ZIP Code				
Number	Street	State					
Number Dity Person's re	Street elationship to you	State					
Number  City  Person's re	Street	State		Describe the gifts		Dates you gave	Value
Number Dity Person's re	Street elationship to you	State		Describe the gifts		Dates you gave the gifts	Value
lumber City Person's re Gifts with person	Street elationship to you	State nore th		Describe the gifts			Value
lumber City Person's re Gifts with person	Street elationship to you	State nore th		Describe the gifts			Value
lumber City Person's re Gifts with person	Street elationship to you	State nore th		Describe the gifts			Value
Number  City  Person's re  Gifts with person	Street elationship to you	State nore th		Describe the gifts			Value
Number  Dity  Person's re  Gifts with person  Person to \	Street  Plationship to you  In a total value of rown whom You Gave the	State nore th		Describe the gifts			Value
Number  City  Person's re  Gifts with person	Street elationship to you	State nore th		Describe the gifts			Value
Jumber  Person's re  Gifts with person  Person to \	Street  Plationship to you and a total value of rown You Gave the Street	State  more the		Describe the gifts			Value
Jumber Dity Person's re Gifts with person Person to \	Street  Plationship to you and a total value of rown You Gave the Street	State  more the e Gift  State	zIP Code	Describe the gifts			Value

√No

 $\square$  Yes. Fill in the details for each gift or contribution.

Gase 18-4	1247 <sub>Ryan</sub> Doc 1	Filed 07/03/18	Entered 07/03/18 16:53:59 <sub>(if k</sub> Desc Main
First Name	Middle Name	Dogymant	Page 52 of 74

total more than \$600		contributed	
Charity's Name			
Number Street			
City State ZIP Code			
List Certain Losses			
thin 1 year before you filed for bankru	uptcy or since you filed for bankruptcy, did you lose anything	because of theft, fire, other	er disaster, or gambling?
No			
Yes. Fill in the details.			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
non and tood document	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
	,		
7: List Certain Payments or T			
thin 1 year before you filed for bankronkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in	your bankruptcy.	
thin 1 year before you filed for bankrinkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition No Yes. Fill in the details.	uptcy, did you or anyone else acting on your behalf pay or tranetition?	your bankruptcy.  Date payment or	ne you consulted about se
thin 1 year before you filed for bankrunkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition No Yes. Fill in the details.  Grantham-O'Brien Law Firm	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in  Description and value of any property transferred	your bankruptcy.	
thin 1 year before you filed for bankrunkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition No Yes. Fill in the details.  Grantham-O'Brien Law Firm Person Who Was Paid	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in	your bankruptcy.  Date payment or	
thin 1 year before you filed for bankrinkruptcy or preparing a bankruptcy pellude any attorneys, bankruptcy petition No Yes. Fill in the details.  Grantham-O'Brien Law Firm Person Who Was Paid 5 Fletcher St # 2	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in  Description and value of any property transferred	your bankruptcy.  Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrinkruptcy or preparing a bankruptcy pelide any attorneys, bankruptcy petition No Yes. Fill in the details.  Grantham-O'Brien Law Firm Person Who Was Paid  5 Fletcher St # 2 Number Street	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in  Description and value of any property transferred	your bankruptcy.  Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrinkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition  No  Yes. Fill in the details.  Grantham-O'Brien Law Firm  Person Who Was Paid  5 Fletcher St # 2  Number Street  Chelmsford, MA 01824-2708	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in  Description and value of any property transferred  Attorney's Fee	your bankruptcy.  Date payment or transfer was made	Amount of payment
thin 1 year before you filed for bankrinkruptcy or preparing a bankruptcy plude any attorneys, bankruptcy petition  No  Yes. Fill in the details.  Grantham-O'Brien Law Firm Person Who Was Paid  5 Fletcher St # 2  Number Street  Chelmsford, MA 01824-2708	uptcy, did you or anyone else acting on your behalf pay or transetition? preparers, or credit counseling agencies for services required in  Description and value of any property transferred  Attorney's Fee	your bankruptcy.  Date payment or transfer was made	Amount of payment

Del

17.

	First Name	Middle	-		
			Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who	o Was Paid				
Number	Street				
City	State	ZIP Code			
Email or we	ebsite address				
Person Who thin 1 year al with you not include	o Made the Payme r before you filed ar creditors or to i	for bankrupt nake paymer	cy, did you or anyone else acting on your behalf pay or trants to your creditors? ou listed on line 16.	nsfer any property to anyon	e who promised to help y
Person Who ithin 1 year al with you onot include	o Made the Payme  r before you filed ur creditors or to the e any payment or the	for bankrupt nake paymer	nts to your creditors?	nsfer any property to anyon	e who promised to help y
Person Who ithin 1 year al with you onot include	o Made the Payme r before you filed ar creditors or to i	for bankrupt nake paymer	nts to your creditors?	Date payment or	e who promised to help y Amount of payment
Person Who ithin 1 year al with you o not include No Yes. Fill in	o Made the Payme  r before you filed ur creditors or to the e any payment or the	for bankrupt nake paymer	nts to your creditors? Ou listed on line 16.		
Person Who  lithin 1 year  eal with you o not include  No Yes. Fill in  Person Who	r before you filed ur creditors or to it e any payment or to the details.	for bankrupt nake paymer	nts to your creditors? Ou listed on line 16.	Date payment or	

18.	within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary
	course of your business or financial affairs?

Yes. Fill in the details.

			Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Rece	ived Transf	er			
Number Street					
City	State	ZIP Code			
Person's relations	hip to you				

First Name Middl	e Name DOGNA開記 P	age 54 01 74	16:53:59 <sub>(if kn</sub> Des <u>c N</u>	
Person Who Received Transfer				
reison who received transier				
Number Street				
City State ZIP Code	_			
Person's relationship to you				
Within 10 years before you filed for bankri often called asset-protection devices.)  1 No	uptcy, did you transfer any property to	a self-settled trust or simila	r device of which you are a b	eneficiary?(These
Yes. Fill in the details.	Description and value of the proper	rty transferred		Date transfer was made
Name of trust				
Name of trust				
funds, cooperatives, associations, and of ☑No		es of deposit; shares in bar	nks, credit unions, brokerage	e houses, pensio
funds, cooperatives, associations, and of Mo		es of deposit; shares in bar  Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing transfer
funds, cooperatives, associations, and of ✓ No	her financial institutions.	Type of account or instrument  Checking	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  ✓ No  ✓ Yes. Fill in the details.	her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  ✓ No  ✓ Yes. Fill in the details.  Name of Financial Institution	her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of No Yes. Fill in the details.  Name of Financial Institution	her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  No Yes. Fill in the details.  Name of Financial Institution  Number Street	her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market Brokerage Other  Checking	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code	Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  No  Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution	Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other  Checking Savings	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  No  Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution	Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Checking Savings Money market	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of  No  Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution	Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other  Checking Savings Money market	Date account was closed, sold, moved, or	Last balance before closing
funds, cooperatives, associations, and of No No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution  Number Street	Last 4 digits of account number  XXXX-  XXXXX-  XXXXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing transfer
Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution  Number Street	Last 4 digits of account number  XXXX-  XXXXX-  XXXXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing transfer

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	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name		☐ No ☐ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code	<del>_</del>		
ave you stored property in a storage unit o	or place other than your home within 1 year before	you filed for bankruptcy?	
No			
Yes. Fill in the details.			
	Who else has or had access to it?	Describe the contents	Do you still have it?
			□No
Name of Storage Facility	Name		Yes
Number Street	Number Street		
Number Street	Number Street		
Number Street	Number Street  City State ZIP Code		
Number Street  City State ZIP Code			
	City State ZIP Code		
City State ZIP Code 9: Identify Property You Hold	City State ZIP Code or Control for Someone Else	wed from, are storing for, or hold in trust	for someone.
City State ZIP Code 9: Identify Property You Hold	City State ZIP Code	wed from, are storing for, or hold in trust	for someone.
City State ZIP Code 9: Identify Property You Hold or you hold or control any property that sor	City State ZIP Code or Control for Someone Else	wed from, are storing for, or hold in trust	for someone.
City State ZIP Code 9: Identify Property You Hold or control any property that sor	City State ZIP Code or Control for Someone Else	wed from, are storing for, or hold in trust  Describe the property	for someone.
City State ZIP Code 9: Identify Property You Hold or control any property that sor	City State ZIP Code  or Control for Someone Else  meone else owns? Include any property you borro		
City State ZIP Code  9: Identify Property You Hold or you hold or control any property that sor No  No Yes. Fill in the details.	City State ZIP Code  or Control for Someone Else  meone else owns? Include any property you borro		
City State ZIP Code 9: Identify Property You Hold or you hold or control any property that sor No Yes. Fill in the details.  Owner's Name	City State ZIP Code or Control for Someone Else meone else owns? Include any property you borro Where is the property?		
City State ZIP Code  9: Identify Property You Hold or you hold or control any property that sor No  No Yes. Fill in the details.	City State ZIP Code  or Control for Someone Else  meone else owns? Include any property you borro  Where is the property?  Number Street		
City State ZIP Code 9: Identify Property You Hold or you hold or control any property that sor No Yes. Fill in the details.  Owner's Name	City State ZIP Code or Control for Someone Else meone else owns? Include any property you borro Where is the property?		
City State ZIP Code 9: Identify Property You Hold or you hold or control any property that sor No Yes. Fill in the details.  Owner's Name	City State ZIP Code  or Control for Someone Else  meone else owns? Include any property you borro  Where is the property?  Number Street		

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Yes. Check all that apply above and fill in the details below for each business.

Case 18-41247 Page 18-41247 Pa

	Describe the nature of the business	Empleyer Identification number
	— Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		FromTo
City State ZIP Code	_	
· 	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		FromTo
City State ZIP Code	_	
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
	•	
	_	
		FromTo
City State ZIP Code		FromTo
ithin 2 years before you filed for bankrupto arties.	cy, did you give a financial statement to anyone about y	
ithin 2 years before you filed for bankruptourties.	cy, did you give a financial statement to anyone about y	
ithin 2 years before you filed for bankruptourties.	Date issued	
ithin 2 years before you filed for bankruptorities.		
thin 2 years before you filed for bankruptorties.  No Yes. Fill in the details below.		
ithin 2 years before you filed for bankruptorities.  No Yes. Fill in the details below.	Date issued	
ithin 2 years before you filed for bankruptourties.  No Yes. Fill in the details below.	Date issued	FromTo

Yes. Name of person \_

or 1	Gase 18-4124		MaRin/03/18	Entered 07/0	03/18 46-53-5	9 <sub>(if kn</sub> Desc Main
	First Name	Middle Name DC	ogument	Page 58 of 74	<del>l</del>	
			•	•		ry that the answers are true and
	iderstand that making a f in fines up to \$250,000, or i	•	• • •	• • •		nnection with a bankruptcy case
	· · · · · · · · · · · · · · · · · · ·		,	<b>33</b> ,,	, ,	
			<b>v</b>			
	/s/ Michael Ryan		<b>^</b>			<u> </u>
Signatu	re of Michael Ryan Martin	, Debtor 1	Signature	of		
Doto 0	7/02/2019		Date			
Dale U	7/03/2018		Dale			
	ach additional pages to Y	our Statement of Financ	cial Affairs for Ind	ividuals Filing for Ba	nkruptcy (Official Fo	orm 107)?
lo						
⁄es						
you pay	or agree to pay someon	e who is not an attorney	to help you fill ou	bankruptcy forms?		
No						

Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

Fill in this information	to identify your case:			, , , , , , , , , , , , , , , , , , , ,	3/16 10.53.59	Desc Main
Debtor 1	Michael	Ryan	Martin			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the:		District of Massachusetts			
Case number (if known)						Check if this is an amended filing

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

. For any credito	ors that you listed in Part 1 of Schedule D: Cre	editors Who Have Claims Secured by Property (Official Fo	orm 106D), fill in the information below.
Identify the cre	editor and the property that is collateral	What do you intend to do with the property that so debt?	ecures a Did you claim the property as exempt on Schedule C?
Creditor's name:	Amerihome Mtg Co, Llc	<ul><li>☐ Surrender the property.</li><li>☑ Retain the property and redeem it.</li></ul>	☐ No <b>☑</b> Yes
property	122 B St Dracut, MA 01826-2154	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:		Retain the property and [explain]:	
Creditor's		☐ Surrender the property.	☐ No
name:	Chryslr Fin	Retain the property and redeem it.	<b>☑</b> Yes
Description of property	2015 Subaru Legacy	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:		Retain the property and [explain]:	

Case 18-412	247 <sub>Ryan</sub> Doc 1	Filed 07/03/18	Entered 07/03/18 <u>16:53:59</u> (if k,Desc Main
First Name	Middle Name	Dogument	Page 60 of 74

Page for Part 1		
Wells Fargo Dealer Services	<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☑ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul>	☑ No □ Yes
		Surrender the property.  ☐ Retain the property and redeem it.  ☐ Retain the property and enter into a Reaffirmation Agreement.

CMSSe 18-41247<sub>Ryan</sub>Doc 1 File MaQin/03/18 Entered 07/03/18 16:53:59 (if kn Desc Main First Name Middle Name DOGUMENT Page 61 of 74

Part 2: List Your Unexpired Personal Property Leases

	tory Contracts and Unexpired Leases (Official Form 106G), fill in the information effect; the lease period has not yet ended. You may assume an unexpired personal
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	☐ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	☐ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about an is subject to an unexpired lease.	y property of my estate that secures a debt and any personal property that
/s/ Michael Ryan Martin Signature of Debtor 1 Signature of Debtor 1	of Debtor 2
Signature of Debitor 1	. 505.0. 2
Date <u>07/03/2018</u> Date	DD/ YYYY

1 1111	in this information to	didentity your case.						4	122A-1Supp:	only as an colour in this h	
D	ebtor 1	Michael	Ryan	Martin					1 Thoroice	no presumption of abuse	
		First Name	Middle Name	Last Name					Ti. Thele is i	to presumption of abuse	·
	ebtor 2									ulation to determine if a p	
(5	Spouse, if filing)	First Name	Middle Name	Last Name						es will be made under <i>C</i> ation (Official Form 122	
U	nited States Bankrup	tcy Court for the:		District of Massa	chus	etts				·	,
	ase number _ known)									ns Test does not apply no litary service but it could	
Of	ficial Form	122A-1							Check if thi	is is an amended filing	
Cł	napter 7.5	Statement	of Your	Current	Mα	onthly	, Inc	com	e		12/15
Be a sepa num milit	as complete and acc arate sheet to this fo ber (if known). If yo ary service, comple	curate as possible. If orm. Include the line ou believe that you ar	two married peo number to which re exempted fron t of Exemption fi	ple are filing toget the additional info a presumption or from Presumption	her, l orma f abu	both are equation applies use because	ally res s. On the you do	ponsible top of not hav	e for being ac any additiona e primarily co	curate. If more space is il pages, write your nar onsumer debts or beca 2A-1Supp) with this for	needed, attach a ne and case use of qualifying
1	What is your marit	tal and filing status?	Check one only								
١.		Il out Column A, lines									
	_	ur spouse is filing wi		th Columns A and	B, lin	es 2-11.					
	_	ur spouse is NOT fili	-								
		ne same household a				th Column A	and B,	lines 2-	11.		
	penalty of	arately or are legally s perjury that you and yo easons that do not incl	our spouse are leg	gally separated und	er no	nbankruptcy	law that	applies	or that you and	ox, you declare under d your spouse are living	
	101(10A). For exact during the 6 months	ample, if you are filing ths, add the income fo	on September 15 or all 6 months and	the 6-month period divide the total by	d wo 6. Fill	uld be March I in the result	1 throu Do not	gh Augu include	ust 31. If the an any income an	le this bankruptcy case nount of your monthly inc nount more than once. F rt for any line, write \$0 in	come varied for example, if
								Colum Debto		Column B  Debtor 2 or non-filing spouse	
2.	Your gross wages, payroll deductions).	salary, tips, bonuses	s, overtime, and c	commissions (befo	ore al	II			\$5,469.46		
3.	•	tenance payments if	Column B is fille	ed in. Do not include	e pay	ments from a	1		\$0.00		
4.	dependents, inclu an unmarried partne	any source which are ding child support. I er, members of your ho tributions from a spoul I on line 3.	nclude regular co ousehold, your de	ontributions from pendents, parents,	and r	oommates.	our		\$2,875.80		
5.	Net income from c	pperating a business	s, profession, or	Debtor 1		Debtor 2					
	Gross receipts (bef	fore all deductions)		\$0.00							
	Ordinary and neces	ssary operating expens	ses	- \$0.00	-		1				
	Net monthly income	e from a business, pro	fession, or farm	\$0.00			Copy here —	·	\$0.00		
6.	Net income from r	ental and other real	property	Debtor 1		Debtor 2					
	Gross receipts (bef	fore all deductions)		\$0.00							
	Ordinary and neces	ssary operating expens	ses	- \$0.00	-						
	Net monthly income	e from rental or other r	real property	\$0.00			Copy here —	·	\$0.00		
	7. Interest, divid	ends, and royalties					·		\$0.00		

Debtor	1 Gase 18-41247 <sub>Ryan</sub> Doo	C1 Fileg <sub>a</sub> Q <sub>i6</sub> /03/18	3 Entered	07/03/18 16:53	L'59 <sub>ii k</sub> Desc Mai	n
Dobto.	First Name Middle Nar	Dooumont	Page 63 (	of 74	nicei (n nineum)	
				Column A	Column B	
				Debtor 1	Debtor 2 or non-filing spouse	
8.	Unemployment compensation			\$0.00	<b>3 -p</b>	
	Do not enter the amount if you contend that the	ne amount received was a bene	efit under		-	<del>-</del>
	the Social Security Act. Instead, list it here:		$\downarrow$			
	For you		\$0.00			
	For your spouse					
9.		 ude any amount received that w	vas a benefit	\$0.00		_
	under the Social Security Act.					
10	<ol> <li>Income from all other sources not listed         Do not include any benefits received under as a victim of a war crime, a crime against herrorism. If necessary, list other sources or     </li> </ol>	the Social Security Act or payn numanity, or international or do	nents received omestic			
_						-
	tal amounta from concrete name "					-
101	tal amounts from separate pages, if any.			+	+	
11	. Calculate your total current monthly inco	· ·	r each	\$8,345.26	+	= \$8,345.26
	column. Then add the total for Column A to	the total for Column B.				Total current
						monthly income
Part 2	2: Determine Whether the Means T	est Applies to You				
12. <b>Cal</b> c	culate your current monthly income for the year	ear. Follow these steps:			Copy line 11 here →	\$8.345.26
12. <b>Cal</b> c	culate your current monthly income for the your Copy your total current monthly income from	ear. Follow these steps:			Copy line 11 here →	\$8,345.26
12. <b>Calc</b> 12a.	Copy your total current monthly income for the your Multiply by 12 (the number of months in a year)	ear. Follow these steps: line 11ear).			Copy line 11 here →	\$8,345.26 <b>x</b> 12
12. <b>Calc</b> 12a. 12b.	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year The result is your annual income for this part	ear. Follow these steps: line 11ear).			Copy line 11 here → 12b.	
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12. <b>Calc</b> 12a. 12b. 13. <b>Calc</b>	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year The result is your annual income for this part	ear. Follow these steps: line 11ear).				<b>x</b> 12
<ul><li>12. Calc</li><li>12a.</li><li>12b.</li><li>13. Calc</li><li>Fill in</li></ul>	culate your current monthly income for the your copy your total current monthly income from Multiply by 12 (the number of months in a year. The result is your annual income for this part culate the median family income that applies	ear. Follow these steps: line 11ear). of the form. to you. Follow these steps:				<b>x</b> 12
12. <b>Calc</b> 12a. 12b. 13. <b>Calc</b> Fill ir Fill ir	culate your current monthly income for the your copy your total current monthly income from Multiply by 12 (the number of months in a year The result is your annual income for this part culate the median family income that applies in the state in which you live.	ear. Follow these steps: line 11ear). of the form. to you. Follow these steps: Massachusetts  5 size of household	ified in the separat		12b.	<b>x</b> 12
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12. Calc 12a. 12b. 13. Calc Fill ir Fill ir To fil instr 14. How	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year The result is your annual income for this part culate the median family income that applies in the state in which you live.  In the number of people in your household.  In the median family income for your state and a list of applicable median income amounts suctions for this form. This list may also be available.	ear. Follow these steps: line 11ear). to f the form. to you. Follow these steps:  Massachusetts  5 size of household	ified in the separat office.		12b.	<b>x</b> 12 \$100,143.12
12. Calc 12a. 12b. 13. Calc Fill ir Fill ir To fil instr 14. How	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year. The result is your annual income for this part culate the median family income that applies in the state in which you live.  In the number of people in your household.  In the median family income for your state and a list of applicable median income amounts uctions for this form. This list may also be available to the lines compare?  Line 12b is less than or equal to line 13. Or	ear. Follow these steps: line 11 ear). to f the form.  to you. Follow these steps:  Massachusetts  5  size of household g oo online using the link speciable at the bankruptcy clerk's in the top of page 1, check box	ified in the separat office. 1, <i>There is no pre</i> s	te sumption of abuse.	12b.	<b>x</b> 12 \$100,143.12
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12. Calci 12a.  12b.  13. Calci Fill ir Fill ir To fii instr  14. How 14a.  14b.  Part 3	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year The result is your annual income for this particulate the median family income that applies in the state in which you live.  In the number of people in your household.  In the median family income for your state and a list of applicable median income amounts suctions for this form. This list may also be available to the lines compare?  I Line 12b is less than or equal to line 13. Or Go to Part 3.  Line 12b is more than line 13. On the top of 3 and fill out Form 122A–2.  Sign Below y signing here, I declare under penalty of perjure I signature of Debtor 1	ear. Follow these steps: line 11	ified in the separat office.  1, There is no pressumption of abuse statement and in a X	te sumption of abuse. is determined by Form 1 ny attachments is true ar	12b	<b>x</b> 12 \$100,143.12
12. Calci 12a.  12b.  13. Calci Fill ir Fill ir To fii instr  14. How 14a.  14b.  Part 3	Copy your total current monthly income for the your Copy your total current monthly income from Multiply by 12 (the number of months in a year. The result is your annual income for this part culate the median family income that applies in the state in which you live.  In the number of people in your household.  In the median family income for your state and sind a list of applicable median income amounts suctions for this form. This list may also be available to the lines compare?  If Line 12b is less than or equal to line 13. Or Go to Part 3.  Line 12b is more than line 13. On the top of 3 and fill out Form 122A–2.  Sign Below  y signing here, I declare under penalty of perjure.	ear. Follow these steps: line 11	ified in the separat office.  1, There is no pressumption of abuse statement and in a	te sumption of abuse. is determined by Form 1 ny attachments is true ar	12b	<b>x</b> 12 \$100,143.12

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

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## United States Bankruptcy Court District of Massachusetts

In ı Ma		, Michael Ryan					
		·			Case No		_
De	btor				Chapter	7	_
		DISCLOSURE	OF COMPENSATION (	OF ATTORNEY	FOR DEBTO	R	
1.	n b	Pursuant to 11 U .S.C. § 329(a amed debtor(s) and that con ankruptcy, or agreed to be pa ebtor(s) in contemplation of c	npensation paid to me lid to me, for services r	within one year endered or to be	before the fi e rendered o	ling of the pent of the pent of the high results in the high resul	etition in
	F	or legal services, I have agre	ed to accept			\$1,200.00	
		Prior to the filing of this staten	nent I have received			\$1,200.00	
	B	Balance Due				\$0.00	
2.	Th	e source of the compensation	n to be paid to me was:				
		<b>☑</b> Debtor	Other (specify)				
3.	Th	e source of compensation to	be paid to me is:				
		<b>☑</b> Debtor	Other (specify)				
4.		I have not agreed to share the less they are members and as			any other pe	erson	
	pei	I have agreed to share the a rsons who are not members o gether with a list of the names	or associates of my law	firm. A copy of t	the agreeme	nt,	
5.		return for the above-disclosed the bankruptcy case, includin		render legal ser	vice for all as	spects	
	a.	Analysis of the debtor's fin in determining whether to f			to the debtor		
	b.	Preparation and filing of an which may be required;	y petition, schedules, s	tatements of af	fairs and pla	n	

c. Representation of the debtor at the meeting of creditors and confirmation

hearing, and any adjourned hearings thereof;

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B2030 (Form 2030)(12/15)		Document	Page 65 of 74	

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/03/2018/s/ Tameka Grantham-O'BrienDateSignature of Attorney

Grantham-O'Brien Law Firm

Name of law firm

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American Honda Finance 600 Kelly Way Holyoke, MA 01040

Amerihome Mtg Co, Llc 21300 Victory Blvd Ste 2 Woodland Hills, CA 91367

Bank Of America Po Box 982238 El Paso, TX 79998

Capital One Po Box 5253 Carol Stream, IL 60197

Capital One 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Po Box 30281 Salt Lake City, UT 84130

Chase Auto Finance Po Box 901003 Ft Worth, TX 76101

Chase Card Services Po Box 15298 Wilmington, DE 19850

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Chase Mortgage P.o. Box 24696 Columbus, OH 43224

ChrysIr Fin Po Box 9223 Farmington Hills, MI 48333

Citicards Cbna Pob 6241 Sioux Falls, SD 57117

Compass Bank For Savin/BBVA Compass 450 Penn St Reading, PA 19602

Discover Financial Po Box 15316 Wilmington, DE 19850

Grantham-O'Brien Law Firm 5 Fletcher St # 2 Chelmsford, MA 01824-2708

Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Leominster Credit Unio 20 Adams St Leominster, MA 01453

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Andrew Martin 525 Merrill Ln Dracut, MA 01826

Merrimack County Svgs 167 N State St Concord, NH 03301

Nouanthaai Nachampasak 122 B Street Dracut, MA 01826

Santander Bank Na Po Box 841002 Boston, MA 02284

Synchrony Bank/ Money Sport C/o Po Box 965036 Orlando, FL 32896

TD Auto Finance PO Box 9223 Farmington, MI 48333

Tdrcs/jordansfurniture 1000 Macarthur Blvd Mahwah, NJ 07430

Volkswagen Credit, Inc 1401 Franklin Blvd Libertyville, IL 60048 Case 18-41247 Doc 1 Filed 07/03/18 Entered 07/03/18 16:53:59 Desc Main Document Page 70 of 74

Wells Fargo Dealer Services Po Box 1697 Winterville, NC 28590

# 

IN RE: Martin, Michael Ryan CASE NO
CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The at	pove named Debtor	hereby verifies that the at	ttached list of creditors is true and correct to the best of his/her knowledge.
Date	07/03/2018	Signature	/s/ Michael Ryan Martin Michael Rvan Martin, Debtor

•	40 440			03/18 16:53:5	59 Desc Main
Fill in this information to	o identify your case:				Desc Main
Debtor 1	Michael First Name	Ryan Middle Name	Martin Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru			District of Massachusetts		
Case number					
(if known)					
Official Form	119				
Bankruptcy	y Petitior	n Preparer	's Notice, De	claration, and Si	gnature 12/15
bankruptcy petition pre	eparer helps with tl	ne documents, each	must sign in Part 3. A bankr		that are filed in the case. If more than one not comply with the provisions of title 1° 10; 18 U.S.C. § 156.
Part 1: Notice to	Debtor				
			f this form and have the deb any document prepared.	otor sign it before they prepare an	y documents for filing or accept any
Bankruptcy petition	preparers are not at	torneys and may not p	oractice law or give you legal a	advice, including the following:	
■ whether to file a p	petition under the Ba	ankruptcy Code (11 U.	S.C. § 101 et seq.);		
■ whether filing a c	case under chapter	7, 11, 12, or 13 is appı	ropriate;		
■ whether your deb	ots will be eliminated	l or discharged in a ca	ase under the Bankruptcy Cod	e;	
■ whether you will b	be able to keep your	home, car, or other p	roperty after filing a case unde	er the Bankruptcy Code;	
■ what tax consequ	uences may arise be	ecause a case is filed u	under the Bankruptcy Code;		
■ whether any tax of	claims may be disch	arged;			
■ whether you may	or should promise	to repay debts to a cre	editor or enter into a reaffirmati	on agreement;	
■ how to character	ize the nature of you	ur interests in property	or your debts; or		
■ what procedures	and rights apply in a	a bankruptcy case.			
The bankruptcy pe	· · · —				has notified me of
any maximum allov	Nan wable fee before pr		nt for filing or accepting any	fee.	

X /s/ Michael Ryan Martin
Signature of Debtor 1 acknowledging receipt of this notice

X Signature of Debtor 2 acknowledging receipt of this notice

Date 07/03/2018 MM/ DD/ YYYY

MM/ DD/ YYYY

Date \_

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Part 2: Declaration and Signature of the Bankruptcy Petition Preparer

	cipal, responsible person	or partner of a bankruptcy petit	tion preparer			
I or my firm prepared the documents listed below and			• • •			
§§ 110(b), 110(h), and 342(b); and	gave and debien a copy on	and the reads to Bostor,	oy Barmaphoy , Salasir , Jopano, as required by 11 S.			
if rules or guidelines are established according to 11 notified the debtor of the maximum amount before pre						
		Grantham-O'Brien Law Firm				
Printed name Title,	if any	Firm name, if it applies				
5 Fletcher St # 2						
Number Street						
Chelmsford, MA 01824-2708  City State	ZIP Code	(978) 341-5044 Contact phone				
Statement About Your Social Security Numbers (Form 121)	Schedule J (Form 10	,	Income (Form 122B)  Chapter 13 Statement of Your Current Monthly			
I or my firm prepared the documents checked below (Check all that apply.)  Voluntary Petition (Form 101)	ow and the completed de		ch document that I check:  Chapter 11 Statement of Your Current Monthly			
	Schedule J (Form 106J)  Declaration About an Individual Debtor's		☐ Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period			
Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)	Schedules (Form 10	06Dec)	(Form 122C-1)			
	Statement of Finance	ial Affairs (Form 107) on for Individuals Filing Under	☐ Chapter 13 Calculation of Your Disposable Income (Form 122C-2) ☐ Application to Pay Filing Fee in Installments (Form 103A)			
Schedule A/B (Form 106A/B))	■ Statement of Intention					
Schedule C (Form 106C)	Chapter 7 (Form 108	8)	(Form 103A)			
Schedule C (Form 106C)  Schedule D (Form 106D)	Chapter 7 (Form 108	8) t of Your Current Monthly	☐ Application to Have Chapter 7 Filing Fee Waive			
Schedule C (Form 106C)	Chapter 7 (Form 10) Chapter 7 Statement Income (Form 122A	8) t of Your Current Monthly -1)	Application to Have Chapter 7 Filing Fee Waive (Form 103B)			
□ Schedule A/B (Form 106A/B)) □ Schedule C (Form 106C) □ Schedule D (Form 106D) □ Schedule E/F (Form 106E/F) □ Schedule G (Form 106G)	Chapter 7 (Form 10) Chapter 7 Statement Income (Form 122A Statement of Exemply Abuse Under § 707(	8) t of Your Current Monthly -1) tion from Presumption of	☐ Application to Have Chapter 7 Filing Fee Waive			
Schedule C (Form 106C)  Schedule D (Form 106D)  Schedule E/F (Form 106E/F)	Chapter 7 (Form 10th Income (Form 122A)  Statement of Exemphoral Abuse Under § 707 (Form 122A-1Supp)	8) t of Your Current Monthly -1) tion from Presumption of	□ Application to Have Chapter 7 Filing Fee Waive (Form 103B) □ A list of names and addresses of all creditors			

Certificate Number: 00134-MA-CC-030821278



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on April 3, 2018, at 7:58 o'clock PM EDT, Michael Martin received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Massachusetts, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date:	April 3, 2018	Ву	:	/s/Elizabeth Venegas		
		Na	me:	Elizabeth Venegas		
		Tit	le:	Counselor		

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).